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## Editorial

## Editor's Perspectives – July 2013

The Royal College of Surgeons of England holds an overseas trip usually to two countries every three years. I have just returned from their most recent visits to Brazil and Peru. A conference was held in Rio de Janeiro after a couple of days sightseeing in this most beautiful city which will host the Soccer World Cup next year and the Olympics in 2016. One of the five great harbours in the world, it is dominated by the magnificent statue of The Redeemer and Sugar Loaf Mountain. Having visited the other four famous harbours – Hong Kong, San Francisco, Sydney and Cape Town, I was very keen to see Rio, and was not disappointed. Copacabana and Ipanema beaches were fabulous with a tremendous buzz, and there is a youthful excitement which surrounds one. We then visited the magnificent Iguazu falls on the Argentinian border, which are as spectacular as Victoria falls in Zimbabwe, and probably more scenic – though not as majestic.

We flew to Lima, Peru, where we held our second conference with their Sociedad de Cirujanos Generales. I found the Peruvians warmer and friendlier than the Brazilians. Much was learnt in both Rio and Lima by all of us. Many of their problems are similar to our own. However, there are some problems we do not encounter, such as one Brazilian surgeon covering thousands of square miles of Amazonian rain forest. He illustrated the difficulties with an example of a Boeing aircraft that had crashed and was invisible from the air. It was located using infra-red technology, following which medical personnel were winched down by helicopters through the dense forest. In Peru we learned about high altitudes causing splenic rupture and infection and also how to deal with hydatid disease.

The meeting in Lima was followed by an excursion to Machu Picchu and Cusco, the capital of the Inca civilization. What an incredibly advanced culture they had 600 years ago, extending their Empire through the neighbouring countries of Ecuador, Bolivia, Columbia, Argentina and Chile. That they managed to do this by persuasion and minimal bloodshed was truly incredible. After this whirlwind tour I took an extra three days in the Peruvian Amazon rain forest. After a boat ride down the mighty Amazon we stayed in a lovely safari lodge; a great place to recover and experience a completely different side of South America. The wild life was fascinating and the tree top canopy walk, 120 feet above the ground over seven narrow rope bridges, quite an experience. South America is a wonderful continent. I have now visited Guyana, Ecuador, Brazil and Peru and am determined to visit other countries such as Argentina, Bolivia and Chile.

It is hard to believe we are nearly half way through the year. The IJS has no half way blues as we continue to grow from strength to strength. This edition brings good reviews, probing research articles and some interesting correspondence.

We start with a fascinating historical account of the treatment of burns with special emphasis on the 18th century when the great John Hunter and Sir Percival Pott's son in law, James Earle, promoted the use of cold water and then ice to lessen the pain and protect from later consequences of burns. This is followed by a review on the use of Cetuximab in the treatment of metastatic colorectal cancer in which the authors state it may improve the down staging programmes, leading to more patients being offered potentially curative resections. In a Best Evidence Topic on perineal closure after Abdomino-Perineal Excision in patients post radiotherapy there seems limited evidence for recommending a flap closure, but this may be due to the fact most studies suffered from significant limitations such as small sample size.

Moving on to our clinical and laboratory research articles, from Mexico is a retrospective study on the outcomes of 77 women with uterine sarcoma. The management is TAH & BSO with chemotherapy being used for recurrent disease. It would seem that not everything has been written about appendicitis. From Eire a descriptive analysis prospective study of cases with Right Iliac Fossa pain with respect to costs the authors describe 94 patients admitted in whom 53 underwent appendicectomy. 42 (79%) were positive for appendicitis histologically. The cost was estimated to be 3705 euros per patient and they conclude that unnecessary admissions and operations need to be reduced, as does length of stay in hospital.

I was pleased we could draw the attention of our readers to the next practical research on training from Whipp's Cross Hospital in the UK. The trainees who organized this trial proved the value of a structured challenging Basic Surgical Skills teaching programme early in the FY1 year as it increases confidence in key surgical skills and competencies.

On a completely different topic the next paper demonstrates the impact of age extension on the work load of a single Breast Cancer Screening Unit. On the same subject, from Taiwan a retrospective study on 1496 women to predict the presence of non sentinel node metastases with breast cancer using the MSK Nomogram found 324 with a positive SLN of which 88 (27.2%) had a positive non sentinel lymph node which showed it to be a good predictor.

Again from Taiwan there is a neurosurgical paper on the significance of bilateral sub-dural haematomas. Although the frequency of focal neurological deficits was found to be less in patients with bilateral chronic sub-dural haematomas, to prevent neurological deterioration resulting from thicker haematomas, early surgical decompression should be implemented. The authors point out there is also an increase in recurrence rate after bilateral burr hole craniotomy. The next article is from Brazil and is also on a neurosurgical topic showing that CDKN2A inactivation by promoter

methylation is a frequent event in astrocytomas and is related to age and sex.

We return to Breast Cancer with an Italian paper proving the efficacy of surgery in octogenarian women with early stage cancer, though locally advanced tumours had a similar outcome to endocrine therapy. This is followed by a laboratory based experiment on pulmonary alveolar and vascular morphometry after gel plug tracheal occlusion in the foetal rabbit model of congenital diaphragmatic hernia.

We include a reply by surgical trainees in Wales to previous correspondence concerning trainees input to hospitals. They have two messages: firstly that in the UK operative experience is declining for them and that there appears to be a need to go abroad to obtain this experience; secondly that there is a difference between Trusts and trainers with respect to level of training and support. They feel

Trusts should compete for trainees and that failing Institutions should not receive further trainees. I am sure we would all agree with this approach.

We end with the abstracts from the National Undergraduate and Foundation Doctors Surgical Conference held in March this year at which I was honoured to be their Patron. The Editorial Board are very supportive of their efforts as they are our future surgeons I am certain you will be impressed with the standard of their work.

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